



State Health Services Council Meeting

Department of State Health Services (DSHS)
Robert E. Moreton Building, Public Hearing Room
1100 W. 49th Street, Austin, Texas
February 25, 2016
9:00 a.m.

Minutes

Council Members Attending

Jacinto Juarez, Ph.D., Laredo – Chair
Dr. Kirk Calhoun, Tyler
Dr. Lewis Foxhall, Houston
Carmen Pagan, McAllen
Dr. Jeffrey Ross, Houston
Nancy Townes, Granbury
Dr. David Woolweaver, Harlingen

Council Members Not Attending

Rev. William Lovell, Dallas – Vice Chair
Jay Zeidman, Houston

Visitors:

Tom Valentine – TXINSIGHT.com
Patti Cooper – Netsmart Technology
Ben Utley – HillCo
Elizabeth Sjoberg – Texas Hospital Association
Mike Diehl – Legislative Budget Board
Denise Rose – Jackson Walker, LLP
Brittani Bilse
Jennifer Deegan – UT Health
Hassane Barro
Christian Jensrud – Mercer

Call to Order – Council Chair, Dr. Jacinto Juarez, called the meeting to order at 9:01 a.m.

1. Approval of November 18-19, 2015 Minutes - Dr. Juarez called for a motion to approve the minutes from the November 18 and 19 Council Work Session and Meeting. Motion made by Dr. Woolweaver, seconded by Ms. Pagan. Motion carried.

2. Commissioner's Report - Commissioner John Hellerstedt, M.D. provided the Commissioner's remarks on the following topics:

- Commissioner's background and vision
- Zika virus update
- Regulatory Services transition in response to Sunset legislation
- State hospital improvements
- Senate Bill 200 – Austin State Hospital operations
- Children with Special Health Care Needs waiting list
- Jail Based Competency Restoration – rules became effective January 7, 2016
- Rusk State Hospital complaint

Dr. Hellerstedt updated the Council on the following staff awards and recognition:

- Carrie Williams elected to serve as the Vice President of the National Public Health Information Coalition.
- Jason Guzman selected as a member of the International Food Protection Training Institute.
- Tom Arbizu selected as the incoming president of the Mid-Continental Association of Food and Drug Officials.
- James Dillon selected to receive the Army Medical Department's Iron Majors Award.
- Julie Loera selected as a member at large by the Manufactured Food Regulatory Program.
- Peter Langlois elected as president of the National Birth Defects Prevention Network.
- Texas Immunization Program awarded the Centers for Disease Control and Prevention (CDC) Healthy People 2020 award.
- Ruthie Benson received the 2015 Excellence in Partnering Award from the CDC National Center for HIV/AIDS.
- Amy Bailey appointed as a member of the data quality workgroup facilitated by the National Center for the Review and Prevention of Child Deaths.
- Carol Davis selected as President-elect of the Texas Public Health Association starting in April 2016.
- Bonnie Feldt, Sandi Henli, and Sharon Melville co-authored a manuscript titled "Epidemiologic Investigation of Injuries Associated with the 2013 Fertilizer Plant Explosion in West, Texas." This was accepted for publication in *Disaster Medicine and Public Health Preparedness*.
- Dr. Mary Anderson returned to her post as the Region 9/10 Regional Medical Director headquartered in El Paso.

3. HHS System Transformation Update – Chris Adams, Deputy Commissioner, Health and Human Services Commission (HHSC), provided an update on transformation activities. Key features of the transformation include:

- Reorganizes the health and human services (HHS) system, consolidating client services, regulatory functions, and residential facility operations at HHSC.
- Focuses DSHS on public health functions and the Department of Family and Protective Services (DFPS) on protective services functions.
- Transfers vocational rehabilitation programs from the Department of Assistive and Rehabilitative Services (DARS) to the Texas Workforce Commission.
- Creates a Transition Legislative Oversight Committee to provide guidance to the Executive Commissioner on the HHS system reorganization.
- Requires the Executive Commissioner to develop and implement a transition plan and to assess the continuing need for DFPS and DSHS as standalone agencies.

- Creates a new HHS Executive Council to receive public input and advise the Executive Commissioner on agency operations.

Transformation activities will produce a re-organized HHS system that:

- Is easier to navigate for people seeking information, benefits, or services.
- Aligns with the HHS system's mission, business, and statutory responsibilities.
- Fosters greater program integration.
- Creates clear lines of accountability within the organization.
- Develops performance metrics for all organizational areas.

Transformation will be conducted in a way that:

- Does not diminish the array of programs and administrative supports for those programs.
- Invites internal and external stakeholder input.
- Keeps leadership, staff, and stakeholders informed.
- Promotes innovation while retaining institutional knowledge.
- Focuses on measurable outcomes.

Themes from statewide stakeholder hearings and online survey responses included:

- Transparency and openness of the transformation process.
- Improving inter-program communication and coordination across the HHS system.
- Assuring a full array of services and supports are available to persons in all areas of the state.
- Improving and simplifying information about, eligibility for, and access to available services and supports across the state.
- Identifying and addressing gaps in mental health services and supports.
- Increasing focus on services and supports for aging Texans within the HHS organizational structure.
- Ensuring that regulatory programs are fair, appropriate, and strong.
- Strengthening and improving the contracting process including contract enrollment, oversight, and enforcement.

HHSC has identified certain challenges to implementation and will determine specific actions to ensure a successful transformation. These challenges include:

- Completing the consolidation of all medical and social services programs into a new structure at HHSC by September 1, 2016.
- Establishing revised program management structures to support all structural changes to be completed by September 1, 2016.
- Transition of information technology systems.
- Mapping funding structures to align with program changes.

Next Steps

- Submission of the transition plan to the Transition Legislative Oversight Committee on March 1, 2016 after incorporation of both internal and external feedback from various sources.
- Feedback from the Oversight Committee anticipated to be received by the Executive Commissioner by April 15, 2016.
- Final approval of the transition plan by the Executive Commissioner by May 1, 2016.
- Complete all organizational, funding, and staffing transfers for medical and client services consolidations by September 1, 2016.

- Complete transfer of all NorthSTAR behavioral health non-Medicaid services into two new service systems and Medicaid services into managed care in the Dallas area by January 1, 2017.
- Begin regulatory program consolidation and state-operated facility consolidation at HHSC by September 1, 2016 and complete no later than September 1, 2017.

The Council members had the following questions and comments:

- Dr. Woolweaver – Can we get a written transcript of Mr. Adams testimony?
Response: We can provide a copy of the presentation and the plan will be available on the website March 1, 2016.
- Dr. Foxhall – Can you share key health measures that they will be tracking?
Response: Not at this point as they are still being developed. Looking at each area and will have performance measures that will be evolving.
- Dr. Foxhall – Across the HHS system, will there be population based health measures that will help identify the challenges that we face?
Response: We will look at trends and patterns that will help determine the impact of these changes.
- Dr. Calhoun – Federal funds are substantial. As restructuring takes place, are we engaging federal partners?
Response: Federal funding is a significant part of the plan for medical and social services. Federal funding is a specific part of planning. DARS is undergoing a trial test of involving federal partners. Approvals and discussion of transfers have been successful so far; Medicaid waiver programs do identify the funding structure. There are notification requirements to the federal government. Cost allocations methodology in the programs are of significant concern. These are different in different areas of the agencies; we want to make sure that any changes we are making do not have a negative impact on federal funding streams.

4. Consent Agenda - Recommend to the Health and Human Services Commission the proposal of the following rule actions for public comment
 - a. ~~Amendments to rules concerning the distribution of tobacco settlement proceeds to political subdivisions~~
 - b. Repeal of rules concerning the Texas Women's Health Program
 - c. Repeal of rules concerning the Family Planning Program
 - d. New rules concerning the Maternal Mortality and Morbidity Task Force, the State Child Fatality Review Team Committee, and the Sickle Cell Advisory Committee
 - e. Amendments to a rule concerning the Youth Camp Training Advisory Committee
 - f. New rule concerning the Healthcare Safety Advisory Committee
 - g. ~~Repeal of a rule concerning the Worksite Wellness Committee~~
 - h. Repeal of rules concerning the Inpatient Mental Health Services Advisory Committee and the Mental Health Planning and Advisory Council and a new rule concerning the Joint Committee on Access and Forensic Services
 - i. Amendments to rules concerning the Youth Empowerment Services (YES) Waiver program
 - j. ~~Amendments to rules concerning fee schedules for clinical testing, newborn screening, and chemical analysis~~

Agenda items 4.a., 4.g., and 4.j. were removed from the Consent Agenda at the request of Council members. Motion to approve the proposal of rules 4.b., 4.c., 4.d., 4.e., 4.f., 4.h., and 4.i. to move forward to the HHSC for public comment made by Dr. Calhoun, seconded by Dr. Woolweaver. Motion approved.

The following rules were discussed and voted on separately:

- 4.g. Repeal of a rule concerning the Worksite Wellness Committee. Janna Zumbrun and Brett Spencer provided further information, including a handout of ongoing wellness activities. Dr. Ross thanked Ms. Zumbrun and Mr. Spencer for the handout that was provided. He expressed concern that stakeholders did not provide testimony during the advisory committee review process.

Dr. Ross made a motion to recommend to the Executive Commissioner to establish a rule to reinstate the Worksite Wellness Advisory Committee. Dr. Woolweaver seconded. Motion carried. The amendment to the original rule proposal will be dependent on the Executive Commissioner's decision.

There was no public comment provided.

- 4.j. Amendments to rules concerning fee schedules for clinical testing, newborn screening, and chemical analysis. Janna Zumbrun provided additional information that the HIV fee is confirmatory testing, not initial screening. The cost would not be to providers. This should not impact the volume of tests.

Council members has the following questions and comments:

- Dr. Calhoun – Stated that his interest is that we do not do anything that will negatively impact testing. Will hospitals be negatively impacted with newborn screening fee increases? Who will be impacted? Local Health authorities, hospitals, public?
Response: For HIV increases, the State is charging itself; colleagues in HIV program are footing the bill. Many of the contractors are health departments at county level. For newborn screening increases, the hospitals are the most heavily impacted, as well as patients who have private insurance. For Medicaid providers, we work with HHSC to cover the costs. If the individual has health insurance we are working with health plans to completely reimburse the costs.

Motion to approve the proposal of rule 4.j. to move forward to HHSC for public comment made by Dr. Calhoun, seconded by Carmen Pagan. Motion carried.

- 4.a. Amendments to rules concerning the distribution of tobacco settlement proceeds to political subdivisions. In response to questions from Dr. Foxhall, James Dawson explained that funds are unrestricted and entities can use the funds on anything they wish.

Council members had the following comments and questions:

- Dr. Foxhall – Are there opportunities to recommend education and information on tobacco control to hospital districts and counties about things that can be covered.
Response: Rule indicates items that are reimbursable and not reimbursable. Rule is adding additional items that are not reimbursable and clarifying reporting requirements. Entities are unrestricted on how they use these funds. Funds related to uncompensated care subsequently impact pro rata share for the next year.
- Dr. Foxhall – Can we take a closer look to determine if there are opportunities to help direct more of the funds to tobacco control? Educating and encouraging entities receiving these funds to direct them toward tobacco control could particularly impact pregnant women and reduce costs for future uncompensated care.

Dr. Foxhall made a motion to recommend to HHSC that item 4.a. be published for public comment with a request to consider adding incentives for spending funds on tobacco control or education, if state law and the tobacco settlement agreement authorize such incentives. Motion seconded by Dr. Ross. Motion carried.

5. General Public Comment - Dr. Juarez asked for general public comment. Public comment provided by: None

Adjourn - Dr. Juarez asked for a motion to adjourn. Motion made by Dr Woolweaver Seconded by Carmen Pagan. Motion carried. Meeting adjourned 10:33 a.m. The next council work session and meeting is scheduled for May 18 and 19, 2016.

Approved:



May 19, 2016

Jacinto Juarez, Ph.D., Chair

Date